FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED **PROFIT** May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (6)FLORIDA OPTICAL EXPRESS, INC. Principal Place of Business Mailing Address 160 BOSTON AVE 160 BOSTON AVE. ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1989 2. Principal Place of Business 20. Mailing Address 4. FEI Number Applied For 21 59-2963075 Not Applicable Suite, Apt #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ISLER, JOHN L 160 BOSTON AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32701** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELF16 11700 Change Addition NAME ISLER, JOHN L 1.2 NAME **160 BOSTON AVENUE** STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY ST ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TILLE Change Addition NAME GRUENBERG, PETER C 2.2 NAME STREET ADDRESS 160 BOSTON AVENUE 2.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Channe Addition Pappas, Harry R NAME 3.2 NAME 160 BOSTON AVENUE STREET ADDRESS 3.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 3 4. CITY - ST - 7IP DELETE TITLE 4.1 TITLE Change Addition FELDMAN, ROBERT NAME 4 2 NAME **160 BOSTON AVENUE** STREET ADDRESS 4.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE Addition NAME 5 2 NAME STREET ADORESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certified in the supplied with the information indicated on this supplied with the information indicated on the the i Block 12 or Block 13 if changert, or o

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

61 TITLE

62 NAME

DELFTE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4-22-98

(407) 834-7776

Change

☐ Addition